

CityPlace and The Rawlings Foundation
Corporate/Non-Profit Event Contract Agreement

Agreement Statement: Signature of this Contract Agreement acknowledges the acceptance of these terms and conditions on behalf of the Event Group, and that the Event Group is legally bound to this Contract Agreement and its Term and Conditions.

Event: SOHS Homecoming Dance Event Date(s): Saturday, Oct. 5, 2024 Time: 5pm-11 pm

Event Coordinator: Stephanie Lally
Address: 5901 Veterans Memorial Parkway
Crestwood, Ky 40014
Phone: (502) 241-6681 Cell: _____ Fax: _____
E-mail: Stephanie.lally@oldham.kyschools.us

Event Group: South Oldham High School
Address: _____
Phone: (As Above) Cell: _____ Fax: _____
E-mail: _____

Yes ☒ No ☐ Copy of Event Group Liability Insurance Certificate Is On File (may need updated)

Event Group Liability Insurance Certificate is due no less than 30 days prior to event. Due date: September 5, 2024

Event Space: Pavilion 1 & 2 Full Day(s) 1 5 Hrs or Less _____

Corporate Rate includes the use and setup of CityPlace tables, chairs, black linens, tech, and housekeeping.

* _____ % _____ Discount if applicable

Rental based Up to 900-1,000 Attendees Includes: Up to 1 hour Event Assistance with Floor Plan, Event Timeline & A/V Test Tech

Facility Rental: \$ 2,500⁰⁰ + Extra _____ hrs. X \$150 per hr = \$ _____ *Less _____ % = Total Rental: \$ 2,500⁰⁰

25% of the Rental Fee is due on the date the contract is signed. Date signed & pd deposit: _____ \$ 625⁰⁰

Balance due no less than 2 weeks prior to event date. \$ 1,875⁰⁰ Date due: 9/21/24 Date pd. _____ \$ _____

Fee for Additional Facility Rental hrs, Assistance w Floor Plan/Timeline, A/V Test Tech: \$150.00 X _____ hrs = \$ _____

\$500 Damage Deposit due no less than 2 wks prior to event date. Date due: _____ Date pd. _____ \$ _____

Method of Payment: Not req'd w/ COI

Check ☐ Check # _____ Credit/Debit: Master Card ☐ Visa ☐ AmExp ☐ Discover ☐ Date pd. _____ \$ _____

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Check ☐ Check # _____ Credit/Debit: Master Card ☐ Visa ☐ AmExp ☐ Discover ☐ Date pd. _____ \$ _____

Credit Card # _____ Exp. Date _____ Code on Back _____

Name as it appears on card _____ Billing Zip Code _____

Billing address if different from above _____

I have provided copies of the CityPlace and The Rawlings Foundation Policies and Procedures with this Contract Agreement to my Event Group and my Event Group has agreed to abide by these terms.

Event Coordinator Signature: [Signature] Date: 5.2.24

CityPlace-
Administrator/Director: Cheryl Swarr Date: April 26, 2024

CityPlace a Project of The Rawlings Foundation 112 South 1st Avenue, La Grange, Kentucky 40031

Phone: 502-225-0870 E-mail: info@cityplaceexpoctr.com Web: www.cityplaceexpoctr.com

5/21/2019